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Why the Abortion Industry Wants Chemical Abortions via Telehealth

As the number of abortion providers[1] and clinics[2] dwindled in recent decades, abortion numbers and rates continued on a downward trend[3] until recently. A very recent uptick in U.S. abortions can be explained by a surge in chemical abortions.[4]

Chemical abortion is a two-drug process intended to kill and expel a developing child from the womb in the first trimester of pregnancy. Proponents call it "medication abortion," but that's misleading. "Medication" indicates something that is intended to manage a patient's disease or illness, but chemical abortions end the life of an unborn child and can be dangerous to the health and lives of pregnant mothers, as well.

The abortion industry has been pushing hard for chemical abortion via telehealth, and the FDA has tragically decided to eliminate the important safety protocol of in-person dispensing, which is needed to protect women's health.

In addition to being a profitable new "product," telehealth, mail order, at-home, do-it-yourself chemical abortions are a boon to the industry for at least six reasons:

1. Partial-birth and dismemberment abortions are a tough product to "sell" to women and the public. They are brutal and gruesome. In contrast, chemical abortion—a product promoted as at-home "medication abortion"[5]—is easier to (falsely) portray as gentle, natural, and private.

2. Women fearful of an invasive gynecological "procedure" performed by a stranger wielding an assortment of steel instruments can avoid surgery—unless, of course, her chemical abortion fails. Highly credible[6] studies from the U.S. and Finland show higher levels of serious adverse events associated with chemical abortion compared to surgical abortion. These may entail, for example, follow-up surgical evacuation of the baby's remains when chemical abortion fails and

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[1] Abortion Incidence and Access to Services In the United States, 2008 (guttmacher.org). Accessed Nov. 17, 2021. "Younger Generation Produces Fewer Abortion Doctors," Staff, The Pitt News. Accessed Nov. 17, 2021.
[2] Erin Schumaker, ABC News, Dec. 11, 2019. "Clinics Where Majority of US Patients Get Abortions Are Rapidly Closing". Accessed Nov. 17, 2021.
[3] David Crary, AP News, Sept. 18, 2019. "Number of Abortions in U.S. Falls to Lowest Level Since 1973". Accessed Nov. 17, 2021.
[4] Tessa Longbons, Charlotte Lozier Institute, Sept. 22, 2020; "New Abortion Trends in the United States: A First Look". Accessed Nov. 17, 2021.
[5] Planned Parenthood, "The Abortion Pill". Accessed Nov. 17, 2021.
[6] These studies from the U.S. and Finland are records-linkage studies. Records-linkage studies are particularly credible because of the large amount of data available and the ability to cross-reference and filter it. Where single-payer healthcare exists (in which the government is the entity paying providers), governments maintain databases of all healthcare records of all individuals. The records of names, diagnoses, and treatments are coded, but these comprehensive registries can easily be searched to identify and link information from multiple sources to one person. This makes it possible, for example, to determine the number of women who had an abortion and then experienced subsequent abortion-related adverse events, including death and suicide.

emergency surgery when ectopic pregnancies rupture.[7] The latter can happen when the symptoms of the chemical abortion mask the symptoms of an ectopic pregnancy, allowing it to go unnoticed until it puts the woman's life at risk.

3. With chemical abortions, it is easier to avoid facing the reality of what is happening. A woman cannot pretend that her surgical abortion is "just a miscarriage," but the industry implicitly encourages women to do just that with chemical abortion.[8] Some abortion proponents even encourage women to conceal the fact that they had a chemical abortion from medical staff.[9]

4. Enforcement of state clinic regulations is possible; enforcement of state telehealth and mail-order abortion regulations is vastly more difficult.

5. How accurately and thoroughly abortion providers report abortion-related mortality and adverse events—even when required by law—has always been open to question. Reporting adverse events could be seen as proof that abortions are riskier than advertised or as an admission of incompetence, thereby hurting business interests. Only a minority of states mandate reporting, and the U.S. Food and Drug Administration (FDA) Adverse Event Reporting System notoriously under-receives and underreports adverse events, in general.[10] With respect to chemical abortions, the FDA loosened its requirements in 2016 to mandate only the reporting of deaths but doesn't even enforce that.[11]

6. The biggest benefit for the abortion industry of telehealth abortion—with no in-person screening or monitoring by a trained doctor—is the ability to scale up. In other words, the quantity of abortions can increase even while the number of those willing to perform surgical abortions decrease.[12] The hope of abortion becoming more mainstream has long existed. It was expressed over two decades ago in a 1999 *New York Times* interview with Carolyn Westhoff, a pro-abortion clinician: "One of my real, and I think realistic, hopes for this method [of chemical abortion]," she said, "is that it will help get abortion back into the medical mainstream and out of this ghettoized place it's been in." The interviewing journalist, Margaret Talbot added, "And if that is indeed the scenario we're looking at … then it has implications … for the politics of abortion as well. … [T]he practitioners who prescribe them will almost certainly constitute a larger and a more varied group than the dwindling corps of OB-GYNs willing to do surgical abortions."[13]

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[7] Studnicki J., et al. (2021). A longitudinal cohort study of emergency room utilization following mifepristone chemical and surgical abortions, 1999-2015. Accessed Nov. 17, 2021, *Health Services Research and Managerial Epidemiology*, 8(1), 1-11. Accessed Nov. 17, 2021; Mentula M., et al. (2011). Immediate adverse events after second trimester medical termination of pregnancy: Results of a nationwide registry study. *Human Reproduction*, 26(4), 937-942. Accessed Nov. 17, 2021.

[8] Planned Parenthood, "The Abortion Pill". Accessed Nov. 17, 2021.

[9] Safe2Choose. Will medical staff be able to notice that I am having an abortion? Accessed Nov. 17, 2021.

[10] A Health, Education and Human Services Associate Director testified to Congress that the FDA believes it receives reports for only 1% to 10% of adverse events. Accessed Nov. 17, 2021.

[11] Kathi A. Aultman et al., "Deaths and Severe Adverse Events after the use of Mifepristone as an Abortifacient from September 2000 to February 2019," Issues in Law & Medicine 36:1 (2021), p. 6. Accessed Dec. 13, 2021.

[12] Schumaker, "Clinics Where Majority of US Patients Get Abortions Are Rapidly Closing". Crary, "Number of Abortions in U.S. Falls to Lowest Level Since 1973". Staff, Catholic News Agency, July 30, 2009. "Report shows decrease in abortion providers, calls for procedure to be mainstreamed." Accessed Dec. 6, 2021.

[13] Margaret Talbot, "The Little White Bombshell," *New York Times Magazine* (July 11, 1999), at 39-43.